

IFW

Appl. No. 10/620,823

Docket No. ESCZ 2 00163

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Shimola, et al.
For : WIRE PASS THROUGH SEAL WITH GROMMETS
Serial No. : 10/620,823
Filed : July 16, 2003
Gr. Art Unit : 2831
Date of Last Office Action : September 9, 2004
(Advisory Action dated November 4, 2004)
Examiner : Dhirubhai R. Patel
Our Docket : ESCZ 2 00163

Cleveland, Ohio 44114

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action dated September 9, 2004 and the Advisory Action dated November 4, 2004, please amend the above application as follows.

I hereby certify that this correspondence is being deposited
with the United States Postal Service as first class mail
in an envelope addressed to Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450

on 12-08-04

Nancy M. Grams
(SIGNATURE)

NANCY M. GRAMS



In application of: Shimola, et al.

Serial No: 10/620,823

Filed: 07/16/03

For: WIRE PASS THROUGH SEAL WITH GROMMETS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	22	Minus	** 28	-0-	\$9	-0-
Indep. Claims	2	Minus	*** 4	-0-	\$44	-0-
			Total Additional Fee For this Amendment --->			-0-

* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

** If the "Highest No. Previously Paid For" is less than 20 write "20".

*** If the "Highest No. Previously Paid For" is less than 3 write "3".

_____ A check in the amount of \$ -0- to cover the Filing Fee is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 12-08-04

Nancy M. Grams
(SIGNATURE)
NANCY M. GRAMS

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: [Signature]
JAMES W. McKee

Reg. No. 26,482
1100 Superior Avenue, 7th Floor
Cleveland, Ohio 44114-2579
Phone: (216) 861-5582
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